

230982

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Charleston's Party Bus

Posted: too

Dept: N/A

Date: 7/22/11

Time: 9:10

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2011 - 295 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Mary J. Taylor

Telephone: 843-376-1618

Address: 4708 Bennington Place

Fax: 843-376-1619

North Charleston, SC 29420

Other: 888-348-7554

Email: charlestonspartybus@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☒ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☒ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: \_\_\_\_\_

RECEIVED

JUL 21 2011

PSC SC  
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

*too*

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

RECEIVED

JUL 2 1 2011

Phone: (803) 896-5100 FAX: (803) 896-5199

PSC SC  
MAIL / DMS

APPLICATION FOR CLASS C - CHARTER BUS CERTIFICATE

CLASS C - CHARTER BUS

Date: 13 July 2011

Application is hereby made for a Class C - Charter Bus Certificate.

Charleston Party Bus, LLC

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Charleston's Party Bus, LLC

4708 Bennington Place, North Charleston, SC 29420

Street Address of Applicant

Mailing Address of Applicant if different from street address

843-376-1618

Phone

843-376-1619

FAX

charlestonspartybus@gmail.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

LLC

## DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
Gillig	1995, Phantom	1SCGA1814S1085945	25220	35

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:

Charleston's Party Bus

Name of Motor Carrier

4708 Bennington Place, North Charleston, SC 29420

Address of Motor Carrier

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 5,000,000.00

Limits 5,000

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

16 or More Passengers \$ 25,000/300,000/25,000

National Casualty

Name of Insurance Company

3654 S Zephy 57

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

7-19-11

Date

[Signature]

Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit FWA**

Charleston's Party Bus  
Name

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF Dorchester

Mary J. Taylor in the capacity as Manager  
Applicant's Signature

I, Mary J. Taylor in the capacity as Manager, Manager  
Name of Applicant's Representative Title

of Charleston's Party Bus,  
Applicant

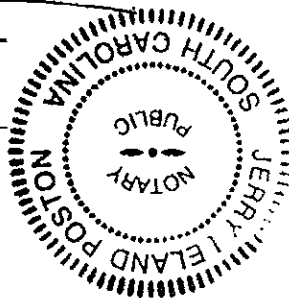
the Applicant for the Charter Bus Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

[Signature]  
Signature of Applicant's Representative

SWORN TO BEFORE ME  
This 18 day of July, 2011

[Signature]  
Notary Public

Commission Expires 7-17-2019



**Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.**

Charleston's Party Bus  
Applicant's Name

### Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☐ Not Applicable

**Exempt Applicants -** If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☐ Not Applicable

**Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.**

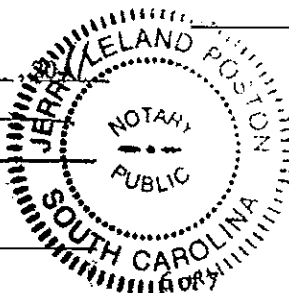
I, Charleston's Party Bus, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

Mary J. Taylor in the capacity as Manager  
Applicant's Signature

SWORN TO BEFORE ME  
This 19 day of July

[Signature]  
Notary Public

Commission Expires 2-17-2019



Print Form

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM THE ORIGINAL FILED  
1-10-11

**SOUTH CAROLINA  
SECRETARY OF STATE  
CONVERSION OF A PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP,  
OR A LIMITED PARTNERSHIP  
TO A LIMITED LIABILITY COMPANY  
ARTICLES OF ORGANIZATION**

**TYPE OR PRINT CLEARLY IN BLACK INK**

*Mark Hammond*  
**FILING FEE: \$110.00** SOUTH CAROLINA

**\*\* Conversion of an entity can result in tax consequences for the entity. Please consult a tax professional such as a CPA or qualified attorney before filing for conversion.**

The following partnership, limited liability partnership, or limited partnership hereby converts to a limited liability company pursuant to the provisions of Section 33-44-902 and Section 33-44-203 of the 1976 South Carolina Code of Laws, as amended by filing these articles of organization.

1. The name of the limited liability company which complies with Section 33-44-105 of the 1976 South Carolina Code of Laws, as amended is: Charleston Party Bus, LLC

2. The office of the initial designated office of the limited liability company in South Carolina is:

4708 Bennington Place

Street Address

North Charleston

SC

29420

City

State

Zip Code

3. The initial agent for service of process of the limited liability company is:

Mary J Taylor

Name

Signature

and the street address in South Carolina for this agent for service of process is:

4708 Bennington Place

Street Address

North Charleston

SC

29420

City

State

Zip Code

4. The name and address of each organizer (Attach additional pages if necessary.)

(a) Mason Salisbury

Name

67 Broad Street

Street Address

Charleston SC 29401

City

State

Zip Code

(b)

Name

Street Address

City

State

Zip Code

110406-0115

FILED: 04/06/2011

CHARLESTON PARTY BUS, LLC

Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State



Charleston Party Bus, LLC  
Name of Limited Liability Company

5. ☒ Check this box if the company is to be a term company. If so, provide the term specified:  
LLC term ends January 1, 2061

6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each manager:

a. Mary J Taylor  
Name  
4708 Bennington Place  
Business Address  
North Charleston, SC 29420  
City State Zip Code

b. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Business Address  
\_\_\_\_\_  
City State Zip Code

c. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Business Address  
\_\_\_\_\_  
City State Zip Code

7. ☐ Check this box only if one or more members of the company are to be held liable for its debts and obligations pursuant to § 33-44-303(c) of the 1976 South Carolina Code of Laws, as amended. If one or more members are so liable, specify which members and of which debts, obligations, or liabilities such members are liable in their capacity as members:

No members of the LLC are to be held liable for LLC  
debts and obligations.

8. Check the appropriate box

☒ a. This limited liability company was converted from a general partnership.

☐ b. This limited liability company was converted from a limited partnership. The certificate of limited partnership is to be canceled as of the date the conversion took effect.

☐ c. This limited liability company was converted from a limited liability partnership.

9. The former name of this limited liability company while either a general partnership, limited liability partnership, or limited partnership was: Charleston Party Bus,

Charleston Party Bus, LLC

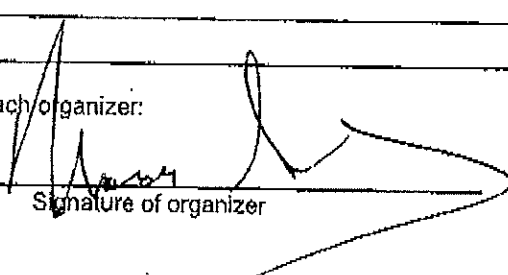
Name of Limited Liability Company

10. a. The number of votes by the partners (entitled to vote) which were cast "for" conversion was: 1
- b. The number of votes by the partners (entitled to vote) which were cast "against" the conversion was: 0
- c. If this was less than a unanimous vote "for" conversion, specify either the number or percentage of votes required to approve the conversion:  
50%  
Specify whether "number" or "percentage"

11. Unless a delayed effective date is specified the existence of the limited liability company will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

12. Set forth any optional provisions not inconsistent with law the limited liability company wishes to include in its operating agreement including any provisions that are required or are permitted to be set forth in the operating agreement:

13. Signature of each organizer:

  
Signature of organizer

April 1, 2011  
Date

\_\_\_\_\_  
Signature of organizer

\_\_\_\_\_  
Date

**FILING INSTRUCTIONS**

1. File two copies of this form, the original, and either a duplicate original or a conformed copy.
2. If space on this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk, which will allow for expansion of space on this form.
3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.
4. Send to: Secretary of State  
P.O. Box 11350  
Columbia, SC 29211